

05-28-04

12:45

From-Pillsbury Winthrop LLP

703-905-2500

T-492 P.003/003 F-801

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PTO/SB/31 (05-03)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 068800-0284057						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on _____</p> <p>Signature _____</p> <p>Typed or printed name _____</p>								
<p>In re Application of MARK B PEPYS</p> <table border="1"> <tr> <td>Application Number 09/985,699</td> <td>Filed November 5, 2001</td> </tr> <tr> <td colspan="2">For THERAPEUTIC AGENT</td> </tr> <tr> <td>Art Unit 1654</td> <td>Examiner M. Meller</td> </tr> </table>			Application Number 09/985,699	Filed November 5, 2001	For THERAPEUTIC AGENT		Art Unit 1654	Examiner M. Meller
Application Number 09/985,699	Filed November 5, 2001							
For THERAPEUTIC AGENT								
Art Unit 1654	Examiner M. Meller							
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>								
<p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 165.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 033975. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.36(e) (PTO/SB/22) is enclosed.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____ Date May 28, 2004</p>								
 Thomas A. Cawley, Jr., Reg #40944 <small>Typed or printed name</small> (703) 905-2144 <small>Telephone number</small> May 28, 2004 <small>Date</small>								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>								
<p><input type="checkbox"/> Total of 1 forms are submitted.</p>								

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

07/13/2004 EEKUBAY1 00000031 033975 09985699

02 FC:2401 165.00 DA

05-28-04

12:45

From-Pillsbury Winthrop LLP

703-905-2500

T-482 P.002/003 F-801

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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 068800-0284057												
<table border="1"> <tr> <td colspan="3">In re Application of MARK B. PEPPYS</td> </tr> <tr> <td colspan="2">Application Number 09/985,699</td> <td>Filed November 5, 2001</td> </tr> <tr> <td colspan="3">For THERAPEUTIC AGENT</td> </tr> <tr> <td>Art Unit 1654</td> <td>Examiner</td> <td>M. Miller</td> </tr> </table>			In re Application of MARK B. PEPPYS			Application Number 09/985,699		Filed November 5, 2001	For THERAPEUTIC AGENT			Art Unit 1654	Examiner	M. Miller
In re Application of MARK B. PEPPYS														
Application Number 09/985,699		Filed November 5, 2001												
For THERAPEUTIC AGENT														
Art Unit 1654	Examiner	M. Miller												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ 950.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>475.00</u>.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to change fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>033975</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,944</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____													
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____													
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00													
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____													
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____													

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28 May 2004T.A. Cawley

Signature

Thomas A. Cawley, Jr.
Reg. No. 40944

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of **1** forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Adjustment date: 07/13/2004 EEKUBAY1
06/04/2004 LPENDER 00000001 033975 09985699
01 FC:1253 950.00 CR
02 FE:1401 330.00 CR

PAGE 23 * RCVD AT 5/28/2004 12:43:34 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-115 * DNI:8729306 * CSID:703 905 2500 * DURATION (mm:ss):01:22

07/13/2004 EEKUBAY1 00000031 033975 09985699

01 FC:2253 475.00 DA

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200M#307

Attorney's Docket No. 068800-0284057

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

201 20015 7133

Patentee:
MARK B PEPYS

Confirmation No: 4029

Patent No:

Issued on:

Application No.: 09/985,699

Filed: November 5, 2001

Title: THERAPEUTIC AGENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



ATTENTION: Refund Section, Accounting Division, Office of Finance

**REQUEST FOR REFUND
(37 C.F.R. § 1.28(a))**

I. ASSERTION OF SMALL ENTITY

Small Entity status was asserted in this application on November 5, 2001.

II. REFUND REQUEST

This request for refund is made within 14 days of the date a fee was paid in this application on May 28, 2004, in the amount of \$1,280.00.

**III. FEES PAID FOR WHICH REFUND REQUESTED AMOUNT OF REFUND
REQUESTED**

- | | |
|-----------------------------------|-------|
| 1. Petition for Extension of Time | \$950 |
| 2. Notice of Appeal | \$330 |

TOTAL REFUND REQUESTED (1/2 of above amount) **\$640.00**

IV. MANNER OF REFUND

Please make refund by crediting Deposit Account No. 033975.

Date: 10 June 2004

T.A. Cawley

PILLSBURY WINTHROP LLP
P.O. Box 10500
McLean, VA 22102
Phone: (703) 905-2000
Customer No.: 00909

Thomas A. Cawley, Jr., Ph.D.
Registration No. 40944

06/03 363	10663910	082124-0306006	1504	\$300.00	\$210,902.00	6/1
06/03 364	10663910	082124-0306006	8001	\$9.00	\$210,893.00	
06/04 1	09985699	P02840572060	1253	\$950.00	\$209,943.00	
06/04 2	09985699	P02840572060	1401	\$330.00	\$209,613.00	
06/04 5	09729960	PM275079 B Collins	1806	\$180.00	\$209,433.00	
06/04 7	10459543	P 0304267/TLG-2024-USA-AT	1252	\$420.00	\$209,013.00	6/2
06/04 8	09600779	271727	1253	\$950.00	\$208,063.00	6/2
06/04 21	E-REPLENISHMENT		9203	-\$9,626.00	\$217,689.00	
06/04 22	10756749	081468-0307305	1001	\$770.00	\$216,919.00	6/2
06/04 22	E-REPLENISHMENT		9203	-\$8,818.00	\$225,737.00	
06/04 23	10756749	081468-0307305	1051	40.00 \$130.00	\$225,607.00	6/2
06/04 24	10756749	081468-0307305	1201	\$344.00	\$225,263.00	
06/04 28	10743266	081468-0307333	8021	\$40.00	\$225,223.00	6/2
06/04 33	10457722	P 0304019/F01P36064	1501	\$1,330.00	\$223,893.00	
06/04 34	10457722	P 0304019/F01P36064	1504	\$300.00	\$223,593.00	6/2
06/04 35	10457722	P 0304019/F01P36064	8001	\$9.00	\$223,584.00	
06/04 36	10091524	P200746	1501	\$1,330.00	\$222,254.00	6/2
06/04 37	10091524	P200746	1504	\$300.00	\$221,954.00	
06/04 37	10738980	081468-0307229	8021	\$40.00	\$221,914.00	
06/04 38	10091524	P240746	8001	\$18.00	\$221,896.00	6/2
06/04 39	10323920	P 300970	1504	\$300.00	\$221,596.00	
06/04 40	10323920	P 300970	8001	\$9.00	\$221,587.00	6/2
06/04 41	10323920	P 300970	2501	\$665.00	\$220,922.00	
06/04 84	10618264	81468-304800	1001	\$770.00	\$220,152.00	6/3
06/04 85	10618264		1051	40.00 \$130.00	\$220,022.00	
06/04 99	09981888	P 284026	1801	\$770.00	\$219,252.00	6/3
06/04 100	09981888	P 284026	1251	\$110.00	\$219,142.00	
06/04 153	10856776	008312-0310002	8021	\$40.00	\$219,102.00	6/4
06/04 161	10859129	071469-0309780	1001	\$770.00	\$218,332.00	
06/04 162	10859129	071469-0309780	1201	40.00 \$172.00	\$218,160.00	6/3
06/04 163	10859129	071469-0309780	1202	\$504.00	\$217,656.00	
06/04 591	78429692	19306/308736? 310067	7001	\$335.00	\$217,321.00	6/3
06/07 9	10859160	009554-0310006	2001	\$385.00	\$216,936.00	6/3

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$205,395.00	\$36,067.00	\$47,608.00	\$216,936.00

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